



DHHS ADULT MENTAL HEALTH SERVICES WEB ENROLLMENT INSTRUCTIONS

	General Instructions - Punctuation Marks	Please do <u>not</u> use commas or periods. This moves the data following the comma into the next field when the form is submitted. In an address, for example, do not use a comma between the street address and an apartment number, or put a period after an abbreviation such as "Apt 6".
	Agency Information	This should reflect the name of the agency submitting the enrollment form. Check to make sure this is entered for each form and that it is correct. This is especially important if you are entering multiple forms on a single log-in because after the first form the agency name will not be automatically generated for succeeding forms. You need to delete the Internet address in the field and type in your agency name exactly as it appeared on the first form.
	Print	Clicking on this button will print a hard copy of the enrollment form.
	Contact Us	This button will bring up an e-mail directed to the Department's Office of Information Services for questions/comments about the enrollment form/data. Confidential information must not be entered in this e-mail.
	General Consumer Information	<p>New: Check "New" if enrolling consumer for the first time or re-initiating services with your agency.</p> <p>Change of Status: Check "Change of Status" if consumer has transferred to another agency, transferred to another CSS program, transferred to another PNMI, moved out of state, resigned from services, satisfactorily resigned from services, has become ineligible for service, agency has terminated service with consumer, or consumer died.</p> <p>Annual: Check "Annual" if consumer has already been enrolled with your agency. A new, complete form should be submitted every year. The annual enrollment date should coincide with the consumer's diagnostic date.</p>
1	Name	These fields are for the legal name of the consumer, which includes the full first name, middle initial (if any), last name, and suffix (Sr, Jr, III, IV, V, PhD, etc.). No periods should be used.
2	Mailing Address	The mailing address of the consumer should be entered here, regardless of whether or not the individual actually lives there (for example, a P.O. box number). If the specific street address is unknown, then "Unknown" should be entered in that space. If the consumer is homeless and living on the street, then "Homeless" should be entered for the street address and the city/state/country should be entered to the greatest extent possible. If the consumer is homeless and living at a shelter, enter "Homeless" and the shelter name & address. If the consumer is homeless with whereabouts unknown, "Homeless" should still be entered.
3	DOB	The consumer's month, day, and year of birth. The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy).

4	Phone #	The primary telephone number at which the consumer can be reached, including area code.
5	Insurance	Check off any and all consumer insurance coverage(s). Please indicate the account number or name of insurance on the line provided. If the consumer does not have a MaineCare Number, check the box anyway and type "None". [This is a required field on the Web portal. Something must be filled in under the MaineCare line, even if the consumer has no insurance at all.] If the consumer is currently in the process of applying for MaineCare coverage, type "Pending." If the consumer is unaware of his/her MaineCare number, type "Unavailable". If the consumer has other private insurance, please enter only the name of the Insurer. If the consumer does not have any insurance coverage, check "None", as well as indicating "None" in the MaineCare line.
6	Marital Status	The relationship status of the consumer at the current time. If information is not available, check "Unknown".
7	Children	Check "Yes" or "No" if consumer is parenting any children under the age of 18 in his/her home, and how many. If information is not available, check "Unknown".
8	Educational Status	Indicate consumer's level of education. If information is not available, check "Unknown".
9	Race	Racial origins of the consumer (may be multiple): American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Black/African-American, White, Other Race, or Unknown. This is largely self-identification by the consumer. "Race" and "Hispanic or Latino origin" are considered two separate concepts and therefore Hispanics or Latinos may be of any race or races (US Census Bureau). The U.S. Office of Management and Budget requires this data and defines the five race categories as described below. If the consumer identifies any other race not listed here, check "Other Race." "Unknown" should be checked only if race cannot be determined.
		American Indian or Alaska Native - A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment
		Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
		Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" might be used in addition to "Black" or "African American".
		Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
		White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
10	Ethnicity	The cultural origins of the consumer (only one may be selected), <u>regardless of race</u> , are divided into two major categories: "Of Hispanic or Latino Origin" and "Not of Hispanic or Latino Origin". The appropriate sub-category should be determined and checked. Only one subcategory may be selected. Ethnicity is self-identified by consumer. Unknown may be selected. Not Hispanic/Latino-Non-Specific may be used for most Caucasians if ethnicity is unable to be determined.

11	Gender	Sex of the consumer, female or male.
12	Social Security/Alien registration #	Nine digit unique number issued by the Federal government.
13	Guardian Name/Organization & Phone Number	If the consumer has been found by the court to be incapacitated and a guardian has been appointed, that guardian should be entered here. If the guardian is a private guardian, then contact information related to that guardian should be entered. If the guardianship is with an organization or is a public guardianship (Adult Mental Health Services), then the organization contact information should be reflected as well. If there is no guardian, please leave blank.
14	Guardian Mailing Address	Most recent address of individual or organizational guardian.
	Diagnostic Assessment	The Diagnostic Assessment is required prior to the initiation of CSS services, and at least once annually. All five Axes are required.
15	Axis I	DSM-IV-TR Axis I primary and secondary Code and Name. Please list only <u>one</u> primary Axis I and <u>one</u> secondary Axis I.
16	Substance Abuse/Dependence Dx	To be completed if consumer has a Substance Abuse or Substance Dependence Diagnosis that is not already listed in Axis I as a primary or secondary diagnosis [Some consumers have more than two Axis I diagnoses, or have abuse/dependence issues with more than one substance]. Leave blank if consumer does not have a Substance Abuse diagnosis anywhere in the diagnostic assessment. Should be filled out only if consumer has an actual Substance Abuse diagnosis, not for suspected Substance Abuse problems.
17	Axis II	DSM-IV-TR Axis II primary and secondary Code and Name. Please list only <u>one</u> primary Axis II and <u>one</u> secondary Axis II.
18	Axis III	List top three conditions.
19	Axis IV	DSM-IV-TR Axis IV Categories- Please select all psychosocial/environmental problem categories that apply:
		Problems with primary support
		Problems related to the social environment
		Educational problems
		Occupational problems
		Housing problems
		Economic problems
		Problems with access to health care services
		Other psychosocial and environmental problems
20	Axis V	DSM-IV-TR Axis V Current GAF Scale Score from the diagnostic assessment: ____ (numeric 0-100).
21	Date of Diagnostic Assessment	The date of the most recent diagnostic assessment (mm/dd/yyyy) performed by an appropriate clinician. Write name/licensure of clinician who performed diagnostic assessment. Write the agency name with whom the clinician is affiliated, if appropriate.
22	Date LOCUS completed	Date the LOCUS assessment was completed. The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy). Write the name and state-issued rater ID of person conducting LOCUS assessment. Indicate the agency affiliation, if appropriate.

23	LOCUS Composite Score	Write the numeric composite score of most recent LOCUS assessment (must be between 7-35). Indicate the LOCUS Level of Care consumer is currently receiving (must be between 1-5 – may be different than the indicated composite score due to consumer preference, lack of service availability, or independent criteria). Check LOCUS subscale scores in each of the seven LOCUS domains based on LOCUS assessment. If no LOCUS assessment has been done, leave blank.
24	Certification	The Certification and Eligibility Section must be completed for all consumers receiving or being referred for services from Community Support Programs. Choose A, B, or both. Check off '1' if the consumer has an acceptable diagnosis on Axis I or II. Please note that the consumer must have acceptable Axis I or II to be certified. The Certification form indicates which diagnoses are not acceptable. If the consumer's GAF is 50 or lower, please check off '2' and 'a', then you <u>must</u> choose all that apply from 1-6. If you have chosen "2" you cannot choose 'b'. <u>If the consumer's GAF is 51 or higher, then do not check '2' - check only 'b' in that section.</u>
25	Services - Current	This section is to be completed for consumers who are not new to CSS or PNMI services. Check all services consumer is receiving at the time of the Annual Update for Section 17, 65, or Private Sector. Indicate the agency name or private practice and the service initiation date. The day and month must be entered as a two-digit number; the year as a four-digit number. (mm/dd/yyyy). If the exact date is not known, use your best guess, but put an exact date (Example: consumer has been seeing psychiatrist for medication management since mid-1980's, but can't remember anything else about the date. Put 1/1/1985 for the date.) Do not include the specific names of the workers/clinicians unless from a private practice. Do not indicate Skills Development if being performed on a short term basis by primary case manager - indicate only if a separate service is being performed.
26	Annual ISP Date	For consumers who are "Currently in Service," indicate the most recently completed annual ISP date. The day and month must be entered as a two-digit number; the year as a four-digit number. (mm/dd/yyyy)
27	Services - New	Check CSS if the Diagnostic Assessment and LOCUS score indicate that the consumer meets criteria for Community Support Services. Check RS (PNMI) if the consumer requires any level of Private Non-Medical Institution (PNMI) Services as defined in the MaineCare Manual, Chapter II, Section 07. If consumer is receiving both, check both.
28	Referral Information	Enter agency name (the agency that is enrolling the new consumer) under the appropriate CSS and/or RS (PNMI) column. Check appropriate circles to describe referral information.
29.	PNMI Date of Application	The date the consumer, agency or other referral source calls your agency to initiate PNMI services. This is only for consumers "new to services", including those returning to services after an absence. The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy). If this is not applicable for the consumer please complete the Not Applicable circle.
30.	PNMI Date of Assignment	The date the consumer is assigned to a PNMI (not necessarily the intake date, although it could be). The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy). If this is not applicable for the consumer please complete the Not Applicable circle.

31.	CSS Date of Application	The date the consumer, agency or other referral source calls your agency to initiate CSS services. This is only for consumers “new to services”, including those returning to services after an absence. The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy).
32.	CSS Date of Assignment	The date the consumer is assigned to a CSS worker (not necessarily the intake date, although it could be). The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy).
33.	Location of Consumer at Time of Application:	Where the consumer is located at the time the consumer is referred for services, either in a hospital or in the community.
34.	Change of Status	Check applicable box to indicate reason consumer is no longer in CSS or PNMI services. If consumer is no longer eligible for CSS or PNMI services due to diagnosis, insurance, etc., check “Ineligible for Service”.
35.	Agency/Independent Clinician Offering Enrollment-Certification Information	Name of the contact person and Agency, or Independent Licensed Clinician who is submitting the Enrollment and Certification Form to DHHS. This person will be contacted if DHHS has questions about information on the form.
36.	Date Enrollment Form Completed	The day and month must be entered as a two-digit number; the year as a four-digit number (mm/dd/yyyy). This date should change with each form that is submitted (initial and annual updates).
	Print	This is another opportunity to print the form. Clicking on this button will print a hard copy of the form.
	Submit	Clicking on this button will submit the data on this form to the department. A pop-up will remind you to be sure that you have printed a copy of the form. If you have not and you want a paper copy, click on the <i>OK</i> button -- this will both print and submit the form. If you have already printed the form and just want to submit it, click on the <i>Cancel</i> button -- this automatically takes you back into the Submit Only mode and will submit the information without printing it.
	Reset	If, for any reason, you want to clear the whole form and start again, click on this button.